

USAID Grant No. 278-0293

AMENDMENT NO. 9

TO

GRANT AGREEMENT

BETWEEN

THE HASHEMITE KINGDOM OF JORDAN

AND

THE UNITED STATES OF AMERICA

FOR

THE POPULATION AND FAMILY HEALTH STRATEGIC OBJECTIVE

DATE: SEP 30 2002

APPN:  
BPC :  
RCN :

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| <b>FUNDS AVAILABLE FOR</b>                     |  |
| ADM. RES. <input type="checkbox"/>             | OBLIGATION <input checked="" type="checkbox"/> |
| EM. RES. / EM. <input type="checkbox"/>        | COMM. RES / COMM. <input type="checkbox"/>     |
| ACTION TAKEN BY <i>187</i> DATE <i>9/30/02</i> |  |
| APPROPRIATION: <i>722/31037</i>                |  |
| BPC: <i>HE52-02-23278 TG13</i>                 |  |
| RCN / ECN: <i>A020105</i>                      |  |

Certified conformed copy of  
agreement signed on Sept.30,02Roy Grohs  
OPM Director

AMENDMENT NO. 9

TO

STRATEGIC OBJECTIVE GRANT AGREEMENT

BETWEEN The Hashemite Kingdom of Jordan, acting through the Ministry of Planning (Grantee), and the United States of America, acting through the United States Agency for International Development (USAID).

WHEREAS, on October 31, 1996, the Grantee and USAID (Parties) entered into an Amended and Restated Grant Agreement (Agreement or Strategic Objective Grant Agreement) for the Population and Family Health Strategic Objective whereby USAID granted to the Grantee nine million United States (U.S.) Dollars (U.S. \$9,000,000) to finance foreign exchange and local currency costs to help achieve the Strategic Objective; and

WHEREAS, on June 19, 1997, the Parties entered into Amendment No. 1 to the Agreement to, among other things, provide an additional one million U.S. Dollars (U.S. \$1,000,000) of USAID grant funds to help achieve the Strategic Objective.

WHEREAS, on August 5, 1997, the Parties entered into Amendment No. 2 to the Agreement to, among other things, provide an additional one million U.S. Dollars (U.S. \$1,000,000) of USAID grant funds to help achieve the Strategic Objective.

WHEREAS, on August 26, 1997, the Parties entered into Amendment No. 3 to the Agreement to, among other things, provide an additional three million and four hundred twenty thousand U.S. Dollars (U.S. \$3,420,000) of USAID grant funds to help achieve the Strategic Objective.

WHEREAS, on June 9, 1998, the Parties entered into Amendment No. 4 to the Agreement to, among other things, provide an additional five million and seven hundred thousand U.S. Dollars (U.S. \$5,700,000) of USAID grant funds to help achieve the Strategic Objective.

WHEREAS, on July 14, 1999, the Parties entered into Amendment No. 5 to the Agreement to, among other things, provide an additional ten million U.S Dollars (U.S. \$10,000,000) of USAID grant funds to help achieve the Strategic Objective.

WHEREAS, on July 6, 2000, the Parties entered into Amendment No. 6 to the Agreement to, among other things, provide an additional thirteen million and four hundred thousand U.S Dollars (U.S. \$13,400,000) of USAID grant funds to help achieve the Strategic Objective.

WHEREAS, on May 2, 2001, the parties entered into Amendment No. 7 to the Agreement to, among other things, provide an additional nine million thirty seven thousand and nine hundred sixty U.S Dollars (U.S. \$9,037,960) of USAID grant funds to help achieve the Strategic Objective.

WHEREAS, on May 30, 2002, the Parties entered into Amendment No. 8 to the Agreement to, among other things, provide an additional twelve million five hundred thousand U.S Dollars (U.S. \$12,500,000) of USAID grant funds to help achieve the Strategic Objective.

WHEREAS, the Parties now wish to further amend the Agreement to, among other things, provide additional USAID grant funding of US\$ 9,000,000 in FY 2002 funds to help achieve the Strategic Objective.

NOW THEREFORE, the Parties hereby agree to amend the Agreement as follows:

1. Article 3 (Contributions of the Parties), Section 3.1 (USAID Contribution), Subsection (a) (The Grant), is amended by deleting the amount of sixty five million fifty seven thousand and nine hundred sixty (U.S.) Dollars (U.S. \$65,057,960) and replacing it with the amount of Seventy Four million fifty seven thousand and nine hundred sixty United States (U.S.) Dollars (U.S. \$74,057,960).
2. Annex 1 to the Agreement is deleted and hereby replaced in its entirety with the revised Annex No. 1 attached hereto

Except as amended herein, the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties, each acting through their duly authorized representative(s), have caused this Amendment to be signed in their names and delivered as of the day and year first above written.

THE HASHEMITE KINGDOM OF JORDAN

THE UNITED STATES OF AMERICA

BY: 

H.E. Dr. Hazim El-Naser  
Acting Minister of Planning

BY: 

Edward W. Gnehm  
U.S. Ambassador

BY: 

Toni Christiansen-Wagner  
USAID Mission Director

**The Population and Family Health  
Strategic Objective  
Amended and Restated Amplified Description (SOAG Amendment 9)**

**I. INTRODUCTION**

This Annex, as amended, describes the activities to be undertaken and the results to be achieved with the funds obligated under this amended Agreement. Nothing in this Annex I shall be construed as amending any of the definitions or terms of the amended Agreement.

**II. BACKGROUND**

Jordan has one of the fastest growing populations in the world. Between the two censuses in 1979 and 1994, the population grew from 2.1 to 4.1 million people, an average increase of 4.3 percent annually. However, if the effect of the returnees due to the Gulf Crisis is disaggregated, the population growth rate drops to a rate of 3.77 percent annually. At this rate, the population of Jordan will double in just 19 years. The Government of Jordan (GOJ) has recognized that this is a prospect it can ill afford, given Jordan's natural resource base, current and envisioned potential.

The 1990 Jordan Population and Family Health Survey, also known as the Demographic and Health Survey (DHS), revealed that there is substantial unmet demand for family planning (FP) services. Close to one-half of the women surveyed had completed their family size and wanted no more children. An additional 25 percent wanted no more children within the next two years. The survey revealed that if all unwanted births were avoided, each woman would have only 3.9 children, on average, instead of the actual 5.6 found in the 1990 DHS. The DHS also revealed that although 95 per cent of the women in Jordan could name a contraceptive method and that 94 per cent of women knew where to obtain these services, 15 per cent of women did not use a method because of myths and rumors about the efficacy and safety of these methods and 21 per cent discontinued use for the same reasons. At the same time the health status of Jordanians has been improving. For example the Infant Mortality Rate has declined and the life expectancy has increased.

In March 1996, the Cabinet approved the National Population Strategy. One of the principal elements of the Strategy is the reinforcement of the "right of families to produce an appropriate number of children and to have access to information and family planning methods in order to make their decisions freely, albeit in line with religious and cultural values."

The 1997 DHS survey showed that fertility rates had dropped to 4.3 births (average number of births per woman during her lifetime) and the unmet need for family planning had dropped to 14%. However, the DHS findings showed that the wanted fertility rate was 2.9 or 1.4 children less than the actual fertility. In addition, 50% of Jordanian women reported discontinuation of

contraceptives within one year of their use due to side effects, method failure or the desire to become pregnant again.

### **III. THE POPULATION AND FAMILY HEALTH STRATEGIC OBJECTIVE**

The GOJ entered into the Population and Family Health Strategic Objective Agreement (PFH SOAG) on October 31, 1996. This was a result of new USAID requirements that work be directed against defined Strategic Objectives (SOs) and be measured against predefined results. The achievement of results is to be monitored and evaluated using objectively verifiable indicators.

The PFH SOAG as amended "Improved Access to and Quality of Reproductive and Primary Health Care," envisages achievement of end results through working with the public, private and NGO sectors in Jordan.

In 1998, USAID Jordan provided funding for a rapid appraisal of Primary Health Care (PHC) elements at the Ministry of Health (MOH). The assessment was conducted by a group of consultants including two MOH representatives. The assessment covered management of PHC at all levels, PHC services and the quality of these services, service providers' training needs, physical needs of the PHC centers such as renovation and equipment, PHC utilization and patterns of referral systems.

The assessment team recommended that all the above areas needed major improvements in order to upgrade reproductive health and primary health care (RH/PHC) services. Based on this assessment, a design for a new activity "Primary Health Care Initiatives (PHCI)" was prepared, and selection of a contractor to implement this activity was initiated.

The amended PFH SOAG further expanded the PFH SO and provided funding for the needed activities to upgrade RH/PHC services in all MOH PHC centers. This includes assistance to institutionalize an RH/PHC continuing education system within the MOH, management training, development of standards and protocols for high quality RH/PHC services and training of MOH service providers in their use and physical upgrading of selected PHC centers.

Based on a study conducted by the World Bank in 1995, the "Jordan Health Sector Study," the Minister of Health approached USAID /Jordan with interest in exploring ways in which USAID might assist the GOJ in addressing many of the problems raised in the World Bank Study. In particular, the Minister expressed his interest in looking at the areas of cost recovery, cost containment, and health insurance.

Based on the World Bank analysis and in response to the request of the Minister of Health, the June 9, 1998 PFH SOAG amendment expanded the PFH SO and provided funding for a series of activities to enhance the capacity of the MOH and its partners in the health sector to design, plan and implement reforms; to reduce inefficiencies; to contain cost escalation; and to better coordinate with the private sector in order to improve equity and access to essential preventive and curative health services, as well as to protect and sustain the gains achieved in reducing infant and maternal mortality and increasing contraceptive prevalence.

Based on lessons learned from the first health reform activity, the Minister of Health approached USAID in November 2000, for a follow-on health reform activity that assists the MOH to implement a national health insurance scheme for Jordan. USAID invited a design team that recommended a follow-on plan for the health reform activity that focuses on Hospital Decentralization, institutionalization of the National Health Accounts (NHA) and building capacity within the MOH health insurance unit to manage a future national health insurance scheme.

During the annual review of the PFH SOAG accomplishments, the contribution of the Jordan Association of Family Planning and Protection (JAFPP) to reproductive health services was discussed. JAFPP is the major NGO providing FP services in Jordan, currently providing 25% of the national FP services. It was recommended that USAID should expand its assistance for the ongoing cost recovery/sustainability initiative that started in 1997 with JAFPP, with a goal of achieving 75% cost recovery while maintaining JAFPP's share of FP/RH services.

A design team was invited by USAID and an activity was planned to help achieve the above service and cost recovery goals. This amended PFH SOAG provides funding for a five-year activity with JAFPP. Incremental funding of U.S.\$2.5 million per year is envisaged to achieve the cost recovery-sustainability goals. The ultimate goal is to help JAFPP become self-sufficient.

1996 PFH SOAG included an activity for increasing the availability and affordability of contraceptive products in the private sector, because involving the private sector is essential for the achievement of the PFH SOAG. This amended PFH SOAG builds on the lessons learned from this activity to improve and expand private sector involvement in FP Programs.

#### **IV. INTERMEDIATE RESULTS TO ACHIEVE THE STRATEGIC OBJECTIVE**

##### **1) Strategic Objective**

The current PFH SO "improved access to and quality of reproductive and primary health care," was selected to better capture the expanded scope of the PFH SO to include improved quality of RH/PHC services, health reform interventions, and more comprehensive support including the private sector, the MOH, the University Community, the Royal Medical Society (RMS), the commercial private sector and the non-governmental organizations (NGOs).

##### **2) Intermediate Results**

An Intermediate Result is a package of activities that will be undertaken to achieve SO3, that is to improve the access to and quality of RH/PHC services.

The SO activities are grouped around four intermediate results described below. Several indicators will help USAID measure progress in accomplishing the Strategic Objective.

The main two indicators are:

- i) An increase in the modern contraceptive prevalence rate; and
- ii) An increase in the level of Couple Years Protection for the MOH primary health care centers (new indicator).

The four Intermediate Results for this Agreement and the indicators that will help the GOJ and USAID measure progress in achieving them are as follows:

**Intermediate Result 1: Improved Knowledge of Contraceptives.**

Indicators: Percentage of married couples of reproductive age who, having heard a specific message, are able to paraphrase the main idea. Additionally, service information providers (physicians, nurses, counselors and pharmacists) are able to paraphrase correct medical information about the different kinds of contraceptive methods.

**Intermediate Result 2: Increased Availability of Reproductive and Primary Healthcare Services in the Public Sector**

Indicators: Number of public sector sites which provide RH/PHC services increase; the contraceptive logistics system will provide a reliable and predictable supply of contraceptives to the maternal child health centers and the postpartum centers, number of PHC centers with management programs in operation increases, number of PHC centers adhering to standards of improved quality increases, number of upgraded centers in terms of renovation and medical equipment increases and percentage of trained service providers in RH/PHC increases.

**Intermediate Result 3: Private Sector Family Planning Initiative**

Indicators: Promotion campaigns for the private sector as a source of Health Care/Family Planning service delivery performed; consumers interest and demand on private sector service/product delivery increased; quality of care of family planning services in the private sector improved and customer satisfaction increased.

**Intermediate Result 4: Increased Rationalization of Health Financing Systems.**

Indicators: Data about private sector's activities, performance, capacity and technology, financial performance collected, analyzed and used for central health planning and preparation of policy reforms; public distribution of data on use and sources of public and private sector funds in an operational national health accounts system, basic benefit package of health services defined and costs effectiveness analysis by provider performed and public distribution of data on costs subsidies and who benefits from the subsidies in public and private health performed.



### 3) Details on Indicators

For each Intermediate Result there are indicators for measuring progress in achieving that Result. Those indicators are set forth in this Annex 1. Details on those indicators have been agreed upon by and between USAID and the MOH in Implementation Letter No. 1 dated November 6, 1996, which will be amended to the extent necessary or appropriate to be in conformity with the Amended PFH SOAG, and/or may be further agreed upon or revised in accordance with Article 2 and Section 7.2 of the Amended PFH SOAG. For all purposes of the Agreement, including Article 2 and Section 7.2, indicators may include baselines and targets for measuring or achieving performance.

## V. ACTIVITIES

The Parties agree to finance activities in the areas of the four Intermediate Results to be selected from the following illustrative lists or as otherwise agreed upon by the parties:

### 1) Improved Knowledge of Contraceptives (Intermediate Result 1):

The goal will be to strengthen and upgrade the quality of health education provided at all MOH/PHC centers to be upgraded through the new activity "Primary Health Care Initiatives" (PHCI). In addition, demand for health services will be increased through advertising of the high quality services available at the upgraded PHC clinics. Special efforts will be undertaken to encourage women to seek RH/PHC services especially during pregnancy, postpartum and throughout their reproductive age period.

In order to achieve the above the following activities are contemplated:

- i) **Print Materials:** a number of materials will be designed and used to educate women and their families; for example a two part booklet covering topics of major interest to women during pregnancy and afterwards, including family planning, is envisioned. These materials will be available in the PHC centers. Other materials to be produced include videos, posters, leaflets, etc. on important RH/PHC topics.
- ii) **Mass Media:** short television and radio spots which convey the health benefits of RH/PHC will be produced and aired. Educational dramas around these topics will also be produced and televised. Additionally, print info-mercials will be developed and placed in major newspapers and women's magazines.
- iii) **PHCI** will, in addition to the activities specified above, take major steps towards the institutionalization of a quality improvement program with a major RH/PHC continuing education component in the MOH. This program will train all service providers at the PHC level in the different aspects of RH/PHC, such as family planning, pregnancy care, postpartum care, management of common medical conditions, and other maternal and child care aspects. The program will emphasize improved knowledge and counseling skills on the providers' side to ensure that women get proper information related to RH/PHC.

- iv) Another end result of the PHCI activity under this IR is to have innovative marketing and communication approaches planned and implemented in order to create awareness of the quality improvement program and increase demand for PHC center services.
- v) Approaches such as community outreach, girls and women's education, activities targeting youth, and introduction to life skills to enhance women's participation in community outreach, reproductive health choices and other family life areas.

**2) Increased Availability of Reproductive and Primary Healthcare Services in the Public Sector (Intermediate Result 2)**

- i) PHCI, funded under this amended SOAG, is expected to develop and implement an RH/PHC quality improvement program at all MOH/PHC clinics. The following is an illustrative list of expected end results of PHCI:
  - a. Concepts and skills of good management and supervision strengthened and institutionalized at the central governorate and clinic level.
  - b. A system to support the vast training needs in management and clinical skills necessary to achieve the results of the program developed and institutionalized.
  - c. An efficient but easy to use MIS developed, to provide clinic managers with the necessary information to maintain high quality and proper planning of RH/PHC services.
  - d. Selected PHC centers (estimated 215) upgraded and renovated and equipment provided as needed to all PHC centers.
  - e. A plan for research to investigate new approaches to improve quality developed.
- ii) A standardized system of communication/feedback between primary, secondary, Comprehensive Post Partum (CPP) and tertiary health care units will be developed that will improve utilization and access to the appropriate level of health care.
- iii) A RH/PHC outreach program linked to upgraded PHC centers, where more attention is given to RH/PHC needs and provision of quality services, will be established and implemented.
- iv) A contraceptive distribution system was established and is functioning properly. Institutionalization of this system has been very smooth. A reliable and predictable supply system that provides a wide range of contraceptive methods to

those Jordanian couples who want and need them is fully functioning.

- v) Appropriate renovations of an additional 181 MOH primary health care centers throughout Jordan. This will mean that the facilities of all MOH primary care centers nation-wide have been upgraded to ensure an appealing exterior and adequate sanitation, safety, environmental comfort and patient flow in the clinics.

### **3) Private Sector Family Planning Initiative (Intermediate Result 3)**

Since the former IR3 "increased availability and affordability of contraceptive products in the private sector" had already accomplished its goal, it was decided to replace it with the former IR5, which was developed as a follow-on and expansion for activities achieved under IR3. Subsequently IR5 was deleted in its entirety and replaced by the new wording of IR3 "Private Sector Family Planning Initiative", in order to reflect a broader involvement of private sector.

The new initiative will utilize the lessons learned to maintain the interest and knowledge level of the private sector in provision of contraceptives and other reproductive health services. About one third of clients receive family planning in the commercial private sector. With an estimated 650,000 women entering reproductive age annually it is essential to keep the private sector engaged in the provision of reproductive health services.

This IR will be achieved through activities such as the following:

- i) Improve the quality of FP services and counseling provided by private sector physicians and/or pharmacists.
- ii) Increase consumers' demand and interest in FP by expanding the advertising for trained providers and quality FP products.
- iii) Advocate the concept of public/private partnerships in health care delivery (in coordination with IR4).
- iv) Monitor customer satisfaction with private sector services/products and modify the program accordingly.

### **4) Increased Rationalization of Health Financing Systems (Intermediate Result 4)**

The new activity Health Policy and Systems Strengthening (HPSS), to be funded under this amended SOAG, is a follow-on and builds on lessons learned from the earlier health reform activity. The goals of this activity are to: improve health status and access to quality care; reduce waste and inefficiency and contain cost escalation; and protect and sustain the gains GOJ has made in achieving moderate maternal mortality, a moderately high contraceptive prevalence rate and childhood vaccination rate and a low infant mortality rate. This will be achieved through the following illustrative health financing activities.

- i) Improve the potential for financial sustainability of existing public insurance schemes and minimize overlap in insurance coverage; collect and analyze improved information on household utilization and expenditure patterns.
- ii) Assist the MOH to institutionalize a system to produce National Health Accounts in order to estimate total health expenditures, sources and uses of funds.
- iii) Assist the MOH in the decentralization effort of selected MOH hospitals, in order to improve efficiency, insurance schemes and quality of services.
- iv) Establish partnerships between the Public Sector and Private Providers in order to reduce inefficiency, contain costs, and improve access to essential preventive and curative services and family planning.
- v) Strengthen the capacity of the MOH, Universities and the Royal Medical Services in management, budgeting and strategy planning through on-site, U.S. and third country short-term training.
- vi) Develop an effective referral system in order to reduce inefficiencies and contain costs.
- vii) Introduce interventions to improve technical and allocative efficiency in public facilities.

This IR also includes support for the Jordan Association for Family Planning and Protection (JAFPP) in its cost recovery/sustainability initiative that started in 1997. Continued and expanded support for JAFPP is envisioned under this SOAG Amendment.

The foregoing is a list of illustrative activities to be financed under the four IRs. The GOJ and USAID will approve actual activities, which may be different from the foregoing, as part of workplans under these IRs.

This program has been designed to allow flexible selection and modification of activities over time in order to best achieve the strategic objective and intermediate results identified above. The emphasis under this program will be on achievement of agreed-upon results, not simply completion of specific activities. Consequently, activities to be financed under this Agreement, such as technical assistance, training and research, have not been specified in detail in this Amplified Description.

Although the program therefore offers significant flexibility in selecting suitable activities to be financed under this Agreement, to be eligible for financing hereunder any technical assistance, training, research or other activity must (1) contribute to the Strategic Objective and intermediate results identified above; (2) be supported by cost estimates that are reasonable and reasonably firm, and appropriate analysis and planning, including feasibility analyses, where appropriate, with regard to institutional, technical, financial, environmental, social soundness, or other

measures of feasibility; and (3) be likely to be completed within the time frame and budget specified in the proposal.

## **VI. Other Resources for the Strategic Objective**

Resources outside of this Agreement (and therefore financed with funds neither obligated by this Agreement nor included in the Financial Plan set forth in Section VIII of this Annex 1) are being made available, or may in the future be made available, from USAID to achieve the Strategic Objective. Those resources are being provided or will in the future be provided through USAID central bureaus and offices in Washington, D.C. (USAID/W) under projects and programs administered by them, and are or will be additional to the funds obligated hereunder.

The following sets forth a description of the additional resources being provided for the Strategic Objective in USAID's fiscal year 2002 (FY 2002), through the USAID central bureaus and offices in Washington, D.C. In FY 2002 this support is provided through the Office of Population, Health and Nutrition in USAID/W's Bureau for Global Programs (G/PHN):

- i) Johns Hopkins University/Population Communication Services, \$840,000; Long term technical assistance (TA) to the National Population Commission, the MOH, and other NGOs;
- ii) Engender Health, \$700,000; TA, training, research and equipment to MOH, RMS, and NGOs clinics/and or hospitals;
- iii) Policy Project, \$700,000; TA, research and equipment to the National Population Commission, Jordan Hashemite Fund for Human Development (JOHUD), National Council for Family Affairs (NCFA) and other NGOs;
- iv) Central Contraceptive Procurement \$380,000; Provides contraceptives to MOH, RMS, UNRWA and NGOs;
- v) Linkages, Academy for Educational Development (AED), \$250,000; TA, equipment and training in Lactational Amenorrhea Method (LAM) to MOH, RMS and private sector and to establish a National Breast Feeding Center;
- vi) Commercial and private sector strategies, Deloitte de Touche Tohmatsu, \$1,700,000; Long term TA, training and IEC for the private sector family planning initiative;
- vii) Implementing AIDS Prevention and Control Activities (IMPACT), Family Health International (FHI), \$200,000; TA, research, commodities and training related to HIV/AIDS and other Sexually Transmitted Diseases for MOH and private sector;
- viii) Measure (DHS)+, Macro International, Inc. \$700,000; TA, Commodities and training to support the Department of Statistics in implementing the Jordan Population and Family Health Survey;

- ix) Deliver, John Snow, Inc (JSI), \$30,000; TA and training related to the national contraceptive distribution system to the MOH, RMS and NGOs and support to USAID/W on the central contraceptive procurement project.

While there can be no assurance, additional resources may be available from USAID/W in the future for the Strategic Objective.

The additional resources described above are only available in the form of goods and services (TA, medical and computer equipment, and contraceptives). While the cost of those resources to USAID are indicated above, the resources are not available to USAID/Jordan or the GOJ in the form of money. G/PHN cooperating agencies have pre-existing contracts with G/PHN which specify what resources they can and can not provide, and to the extent that these resources are being or will be provided by USAID/W to the GOJ, the GOJ can utilize these resources to enhance its own programs.

The assistance represented by these resources will only be provided upon USAID/Jordan receiving a request for such assistance from the GOJ. By signing this Agreement, the GOJ hereby acknowledges that it has requested all of the assistance described above and already being provided by USAID. With respect to any assistance not described above which may be provided by USAID in the future for the Strategic Objective, the Minister of Health, an additional authorized representative of the GOJ, shall be authorized to make requests for such assistance.

All of the additional resources being made available by USAID to the GOJ, or which may be made available by USAID to the GOJ in the future, for the Strategic Objective, are being or will be made available by USAID to the GOJ on the understanding that all USAID assistance funded therefrom will be entitled to the privileges and immunities accorded under the agreements entered into in June of 1957 between the Government of the United States and the GOJ governing USAID economic assistance to Jordan. By signing this Agreement, the GOJ acknowledges and agrees to the application of the 1957 agreements to the assistance provided by these resources and to the personnel carrying out that assistance.

## **VII. Monitoring and Evaluation**

USAID and the GOJ jointly agree to provide resources and information for comprehensive evaluation of progress toward achievement of the Strategic Objective and Intermediate Results, including progress on specific activities as illustrated in Section V. There will be periodic "performance audits" based on a range of indicators which measure progress in achieving Intermediate Results.

A variety of contracting/assistance instruments will be used to perform the activities described above to achieve the Intermediate Results leading to the achievement of the Strategic Objective, as described above. Contractors, for example will submit Comprehensive Quarterly Progress Reports (QPR) as a principal monitoring tool. The QPR will list each task to be accomplished under the contract, the schedule for completing each task, and the progress towards completing each task (as appropriate for the particular timeframe of the QPR). Performance will be evaluated with reference to the following illustrative questions:

- Is the progress towards completion of the task sufficient, such that there is a reasonable expectation that the task will be completed on time and within the budget?
- Is the information needed to evaluate progress towards completing this task readily provided by the contractor, in a format that is easy for USAID as the employer and the GOJ to evaluate?

Financial audits of the activities will be conducted in accordance with the relevant standard provision contained in Annex 2 of this Agreement.

As determined during the course of implementation of the Agreement, USAID and the GOJ may jointly authorize an external evaluation of the progress and impact of activities leading to realization of the Strategic Objective and the Intermediate Results.

### **VIII. Financial Plan**

The Financial Plan attached forms part of this Annex 1, and it may be amended in accordance with Sections 3.1(c) and 7.2 of the Agreement without formal amendment of this Agreement.

**The Population and Family Health Strategic Objective**  
**Amplified Description**  
**Illustrative Financial Plan**  
**For SOAG Amendment No. 9**

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| INTERMEDIATE RESULT  | PREVIOUS OBLIGATION | THIS AMENDMENT   | TOTAL             | LIFE OF SO FUNDING | HOST COUNTRY     |
|--|---------------------|------------------|-------------------|--------------------|------------------|
| 1. Improved Knowledge of Contraceptives  | 7,000,000           | 2,000,000        | 9,000,000         | 35,000,000         | 899,993          |
| 2. Increased Availability of Reproductive And Primary Health Care Services in The Public Sector  | 35,307,960          | 7,000,000        | 42,307,960        | 123,718,000        | 2,473,274        |
| 3. Private Sector FP Initiative (previously known as "Increased Availability and Affordability of Contraceptive Products in the Private Sector") | 500,000             |                  | 500,000           | 12,000,000         | 0                |
| 4. Increased Rationalization of Health Financing Systems   | 22,250,000          |                  | 22,250,000        | 40,000,000         | 1,433,399        |
| 5. Expanded Private Sector Involvement in the Family Planning Program*   | ---                 |                  | ---               | ---                | ---              |
| <b>TOTAL</b>   | <b>65,057,960</b>   | <b>9,000,000</b> | <b>74,057,960</b> | <b>210,718,000</b> | <b>4,806,666</b> |

- Per state 12249 dated January 22, 1999, USAID/Jordan asked to delete IR5 & replace it with new language IR3. IR3 will be funded from field support and not bilateral funds in the future